

## REQUEST FOR CRASH REPORT INFORMATION

North Dakota Department of Transportation, Drivers License & Traffic Safety  
SFN 4901 (Rev. 08-2005)

**DRIVERS LICENSE AND TRAFFIC SAFETY DIVISION**  
**ND DEPARTMENT OF TRANSPORTATION**  
**608 E BOULEVARD AVE**  
**BISMARCK ND 58505-0700**

PLEASE PRINT OR TYPE

You must complete all of the following description as completely and accurately as possible.

### Description

Driver Name	Driver Name																														
Drivers License Number of One Driver (if possible) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Drivers License Number of One Driver (if possible) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Date Crash Occurred <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															County or City Where Crash Occurred
This crash involved: <input type="checkbox"/> Fatality <input type="checkbox"/> Injury <input type="checkbox"/> Property Damage Only																															

Claim/File Number

Requesting Individual or Firm		Telephone	
Address	City	State	Zip Code
Signature		Date	

If you are requesting only the officer's report, complete only the above information.

I request that portion of the report which contains the officer's opinion. North Dakota state law only allows this portion to be released to a party of the crash, a party's legal representative, or an insurer to a party of the crash.

I am: (Please check one.)

- ☐ A party to the crash.  
☐ A party's legal representative.  
☐ An insurer to a party of the crash.

In such capacity I represent \_\_\_\_\_ who was the:

- ☐ Passenger  
☐ Driver  
☐ Owner  
☐ Pedestrian  
☐ Other \_\_\_\_\_

who was involved in the above-described crash.

The reason the officer's opinion is needed:

**FEES ARE:** \$2 for Officer's Report  
\$5 for Officer's Opinion  
\$7 for Officer's Report and Opinion

Will this information ever be used, directly or indirectly, in a court proceeding or claim for damages arising from any occurrence at the location mentioned or addressed in the requested records? ☐ Yes ☐ No

(Failure to answer this question may cause delays or the denial of some information sought.)

Make drafts or checks payable to:

**Department of Transportation**

If paying by credit card, please provide the following:

Credit Card Number	Expiration Date
Verification Code	Card Owner's Zip Code
Signature	

Requestor's Signature

3965

